## Foster Family Home - Corrective Action Report

1-150079-3

Review ID:

Provider ID:

Home Name:

1-150079

Zeny Agonoy, CNA

94-412 Opeha St.		Reviewer:	Reviewer:		
Waipahu		HI 96797	Begin Date:	2/13/2017	End Date: 2/2///
Foster Family Home		Required Certificate		[17-1454-6]	
6.(d)(1)	Compl	y with all applicable requ	uirements in this ch	apter; and	
Comment:					
		n CCFFH requesting t t issued with all items ections of the review.	o increase to a 3 due to CTA by 3/	person CCFFH 13/2017.	I. Certification review made on 2/13/2017.
Foster Family Home Client Care a		Client Care and	Services	[17	'-1454-43]
43.(c)(3) Comment:	Be bas delegat	ed on the caregiver follo te client care and service	wing a service planes as provided in ch	for addressing t napter 16-89, sub	he client's needs. The RN case manager may ochapter 15, HAR;
	ation of tra	aining is missing on Co	G#2,CG#3 & CG#	<del>"</del> 4.	
Foster Family Home		<b>Medication and Nutrition</b>		[17-1454-46]	
46.(d)(3)	Based o	on an assessment that in	ocludes the conside	eration of loce roa	strictive restraint alternatives
Comment:		************		ration of less les	surctive restraint alternatives
Foster Family Home		Records		[17-1454-52]	
Daily documentation of the provision of social worker monitoring flow sheets, chealth, safety, or welfare of, or the provision of the provisio			ision of services thr eets, client observa ne provision of serv	rough personal ca ation sheets, and rices to the client.	are or skilled nursing daily check list, RN and significant events that may impact the life, including but not limited to adverse events;
Comment:					, moduling but flot infilled to adverse events;
52(c)(6)-Daily ob	oservation	ı flow sheet is missing	on client #1.		
	Compli	iance Manager			Date
	Primar	v Care Giver			2/13/17
Page 1 of 1		,			Date 2/13/2017 18:15 PM

**4**002 02/16/2017 22:55 FAX

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Home Name: Zeny Agonoy / CNA

Address: 94-412 Opeha St. Waipahu Hl 96797

43.(c)(3) - Now, my CG#2, CG#3 and CG# had their Delegation of training on 2/16/17 with the CM Management visit. To avoid this in the future, I will ensure that all my substitute are present at the time of admission for the delegation training.

46.(d)(3) -Client #1 's MD orders for the full side rails faxed on 2/16/2017. I will ensure to obtain this document for future client.

52.(c)(6) - Case Management sent me a blank daily observation flow sheet on 2/16/2017 for me to fill out. I will ensure to obtain this document for future client.